

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-037965

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 56Primary Registration District No. 5796Registrar's No. 129

STATE FILE NUMBER

FILED OCT 24 1962

## 1. PLACE OF DEATH

a. COUNTY **Carroll**b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN **Bosworth (Ridge)**Length of stay in 1b  
**All life**c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTIONInside Limits  
Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **MO**b. COUNTY **Carroll**c. CITY  
OR  
TOWN **Bosworth**Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**Rey****Pennington**4. DATE  
OF  
DEATH

Month

Day

Year

**October 12 1962**5. SEX  
**Male**6. COLOR OR RACE  
**White**7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
**9-6-1903**9. AGE (last birthday)  
**59**IF UNDER 1 YEAR  
Months **1** Days **8** Hours  Min. 10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
**Farmer**10b. KIND OF BUSINESS OR INDUSTRY  
**"**11. BIRTHPLACE (City and state or country)  
**Bosworth Mo.**12. CITIZEN OF WHAT COUNTRY  
**U.S.A.**

## 13a. FATHER'S NAME

**Chas J. Pennington**

## 13b. MOTHER'S MAIDEN NAME

**Ade Bell Winfrey**

## 14. NAME OF HUSBAND OR WIFE

**Lucy Pennington**15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
**NO**16. SOCIAL SECURITY NO.  

## 17. INFORMANT

**Lucy Pennington Bosworth MO**18. CAUSE OF DEATH (Enter only one cause per line for  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

**CORONARY THROMBOSIS**INTERVAL BETWEEN  
ONSET AND DEATH**IMMEDIATE**Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  Month, Day, Year  
a.m.  p.m. 20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **AT CORNER CHAS**  
Death occurred at **7:00 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

and last saw her alive on

## 22a. SIGNATURE

(Degree or title)

**Edward T. Smith M.D.****County, Mo.**

## 22b. ADDRESS

**10 N. 9th St. Carroll, Mo.**

## 22c. DATE SIGNED

**10/15/62**23a. BURIAL, CREMATION,  
REBURY (Specify)

## 23b. DATE

**10-14-1962**

## 23c. NAME OF CEMETERY OR CREMATORY

**Big Creek Cemetery**

## 23d. LOCATION (City, town, or county)

**5M .S.M. Bosworth MO**

## 24. FUNERAL DIRECTOR

ADDRESS

**Leipard - Edwards Bosworth MO**

## 25. DATE RECD. BY LOCAL REG.

**10-17-1962**

## 26. REGISTRAR'S SIGNATURE

**Ann Calvert Hill Moon**

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1-6 72 100

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed David J. Edwards

Licensed Embalmer No. 32657

P. O. Address Bosworth Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.